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ABSTRACT

This paper examined state and community programs for preschool-aged children in Illinois during a 1-year period in order to identify, describe, and publicize effective practices in early childhood education. Exemplars, rather than content-specific standards, were used for selection criteria. A qualitative, connoisseurship model of evaluation was used by teams of experts in early childhood education. The nine programs that were selected as finalists represented four practice areas: (1) staffing patterns; (2) service delivery; (3) family involvement; and (4) program design. It is concluded that the findings may move the state closer to an understanding of commonalities in programs for young children that exist across ability groupings, service providers, and geographic areas. The use of content experts in the planning, design, and conduct of the evaluation helped build credibility for the evaluation. Case study methodology was used successfully, and case study information will be used in the resource directory that will be made available to persons interested in implementing practices in other areas. It was found that local programs either did not have access to data concerning the effectiveness of their programs, or they lacked the skills, resources, and encouragement needed to evaluate their practices. (SH)

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**A STATEWIDE SEARCH FOR EXEMPLARY PRACTICES
IN EARLY CHILDHOOD EDUCATION IN ILLINOIS**

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A STATEWIDE SEARCH FOR EXEMPLARY PRACTICES IN EARLY CHILDHOOD EDUCATION IN ILLINOIS.

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I. Background of the study

Early Childhood (EC) Legislation

Supporting policy for the education of very young children with and without disabilities has been well documented over the years (Allen, 1984; Hanson & Lynch, 1989; Peterson, 1987; Shonkoff & Meisels, 1990). As early as 1935, funding for innovative programs was provided through Title V, using Special Projects of Regional and National Significance (SPRANS) grants (Shonkoff & Meisels, 1990). With the passage of the Medicaid provisions of the Social Security Act of 1965, early medical, health prevention, and intervention programs for poor children were established. Also in 1965, policy enacted through the Elementary and Secondary Education Act established community-based Head Start programs sponsored by the Office of Economic Opportunity (Bricker, 1989; Peterson, 1987; Zigler & Valentine, 1979). This program was specifically targeted towards disadvantaged populations. In 1972 and later in 1974, two amendments to the Economic Opportunity Act (P.L. 92-424 and P.L. 93-644) impacted the availability of educational services to young children with handicaps by mandating Head Start to make ten percent of its total enrollment in each state open to children with special needs (Allen, 1984). Furthermore, Public Law 94-142 (1975) and its amendment P.L. 99-457 (1986) has mandated educational programs for children with disabilities from the ages three to five years. Although many states have provided services for young children since the passage of P.L. 94-142 in 1975, all states will be required to provide services for this age group beginning in the fall of 1991.

Activities in IL: Political and Fiscal Atmosphere

Historically, Illinois has been one of the leaders in providing EC education for young children across a myriad of administrative structures. First, Head Start programs have existed in Illinois since 1965. The goals of this program are to provide a comprehensive child development

program for preschool aged children including four major components: education, health, social service, and parent involvement (Illinois State Board of Education, 1990). As previously mentioned, the funds for this program were targeted for low-income populations with the main purpose to provide children with a "head start" on success prior to entering more formal schooling (Bricker, 1989; Peterson, 1987).

Since 1975, the state of Illinois has mandated services for young children ages three to five years who have special needs (Illinois State Board of Education, 1979; McCollum, 1987). Children eligible for early childhood special education (ECSE) services are those who have a developmental delay, an established diagnosis (e.g., down syndrome, cerebral palsy), or biological risk factors (e.g., medically fragile, HIV positive, prematurity). Federal funds are provided to each state through Section 619 or Part B of P.L. 94-142 and most recently P.L. 99-457. States distribute these funds to local educational agencies who are responsible for providing comprehensive educational programs for three-, four-, and five-year-olds with disabilities and their families.

As part of the Education Reform Act of 1985, the state of Illinois through its Department of Education, known as the Illinois State Board of Education (ISBE), has developed legislation to support public education for an additional group of young children who may be at-risk for later academic failure (ISBE, 1990). Eligibility requirements for these prekindergarten programs include family income at the poverty level, English not being the primary language in the home, parents who are still in their teens or who have not completed high school, and low birth weight or prematurity factors which may have resulted in developmental or neurological impairment but not physical handicap. Over the past five years, the state has continued to increase its financial support for these prekindergarten at-risk programs. For example, the FY 1986 Illinois budget allocated approximately \$12.1 million to serve 5,394 children. In FY 1991, \$63 million will serve an estimated 25,000 children. The growth of funds and children served show Illinois's strong commitment to the education of young children.

Community child care and preschool programs have expanded as well. Throughout the state and nation, communities have provided a proliferation of programs fostering the healthy development of young children, especially needed due to the changing nature of families and the work force. Not surprisingly, early childhood programs are expanding rapidly, often without clear standards or indicators of program quality. Further, many programs have developed in semi-isolation as single classes in school districts or community settings. Few opportunities existed for program developers to profit from the experiences of others. This trend of supported growth

without documentation of success or effectiveness, while understandable, does not facilitate the development of quality standards for or programs in early childhood education (Maude, 1989). A strong need existed to identify effective practices in early childhood education throughout the state, to describe and investigate those practices, and to publicize them, making descriptions available to others developing or wishing to develop programs.

II. Evaluation Design

Evaluation Purposes

In the Spring of 1990, the intent to conduct a statewide search to identify exemplary practices in EC education was announced by ISBE . Three main purposes guided this study:

1. By merely conducting the search, the *importance* of providing quality EC programming for all young children would be highlighted. Further public awareness and understanding of the nature and scope of EC education throughout the state was intended as an outcome of this study.
2. The search would provide a mechanism to give *recognition* to exemplary practices in particular sites throughout Illinois. Those individuals providing quality programs would be acknowledged publicly on a state and local level.
3. The search would provide *models* for other schools or community programs developing and expanding services for young children. As more and more EC programs develop, examples of outstanding practices will be useful in the dissemination of information and adaptation of successful programming. One product developed from this search would be a monograph with descriptive information from each of the finalists and semi-finalists to serve as a resource for parents, practitioners, and individuals preparing to work in or develop new EC programs.

Evaluation Approach

The phrase "search for *exemplary practices in early childhood education*" contains three concepts that raise particular issues for evaluators and evaluands and which have important implications for the design, implementation, and impact of the evaluation.

Exemplary. The choice of the term *exemplary* over alternatives such as *best* or *effective* was intentional and carefully considered. As defined in Webster's New World Dictionary, an exemplary practice is one that serves "as a model or example" (Guralnick, 1987). Because of the intent of the evaluation to identify and describe a set of implemented practices that could serve as models to others, selection criteria demanded exemplars rather than content-specific criteria or standards in early childhood education.

In the design phase of the evaluation, there was considerable pressure to develop and systematically apply a set of standards or indicators of exemplary practice, based in literature and research. However, there was no clear consensus among practicing professionals as to what these indicators should be. Tremendous variations in what was deemed exemplary stemmed from personal and professional philosophy and the type of students served by different EC programs. Second, tremendous variation in EC programming existed throughout the state, partly as a result of geographic and socioeconomic factors. Illinois is a state with few large populations centers (Chicago, Peoria, Rockford, Decatur) and with extensive medical and social services located in a small area (Chicago, Peoria). Large sections of southern and western Illinois were predominantly rural with few population centers over 15,000 and limited specialized services. In these areas, consolidated school districts serve county-wide or multi-county areas. These differences mitigated against the use of a single set of criteria or standards to identify exemplary practice. Finally, given the fact that the field of early childhood and especially the field of ECSE is rapidly expanding and changing in Illinois and across the nation (McCollum & Maude, in press; McCollum & McCartan, 1987), any definition of exemplary practice might be somewhat time-limited, needing to be reconsidered periodically to account for progress made and to reflect future goals.

Because this evaluation would need to be sensitive to the real ambiguity of exemplary in this context, the investigators decided to use a qualitative, connoisseurship model of evaluation (Eisner, 1975). Teams of identified experts in EC, chosen for disciplinary and geographic representation, were employed extensively throughout the evaluation. Drawing upon their considerable knowledge in the field of early childhood along with their insight into its special

context and history in Illinois, these experts provided valuable input in identifying exemplary practice.

Along with the decision to use expert review as the primary means of evaluation, the dimensions along which practices were evaluated were chosen to provide evidence that these practices would be viable in other areas within the State. The dimensions were:

- (a) *program description* (e.g., philosophy, program goals, setting, and overall population served): To understand the broad context of the program in which the practice was operating;
- (b) *description of the practice* (e.g., services provided and activities conducted, rationale, justification for being judged exemplary, costs for the practice and the total costs of the EC program): To perceive the practice as distinct from the context of the program and to estimate the costs involved;
- (c) *personnel involvement* (e.g., titles, roles, duties, and training of key personnel involved in implementing this practice): To describe the nature and extent of personnel requirements;
- (d) *evidence of effectiveness* (e.g., measures and outcome data indicating the effectiveness of the nominated practice): To document the impact of the practice; and
- (e) *transportability* (e.g., how well this practice might work in other areas of the state or the conditions necessary for the practice to be adapted): To ascertain how replicable the practice might be.

Practice vs. program. The approach to identify exemplary *practices* rather than comprehensive programs was chosen because: (1) it is often easier to replicate a particular practice rather than a total model (DeStefano, 1990); and (2) programs may have outstanding practices in one or several areas, yet are still developing as a total model. The search designated seven specific practice areas and one undesignated category. A comprehensive list of practice areas was produced through a review of relevant literature and research and through analysis of practice areas explicitly cited in state and federal policy. Using a consensus validation technique in which a panel of experts were asked to respond to the relevance and importance of each area, the original list was reduced to the seven practice areas used in this evaluation study. A general definition was developed for each area. (See Table 1.)

Early childhood education. The search was open to all types of early childhood education programs, including home- and center-based, regular and special education, and public as well as

private. The idea was to "cast a broad net" looking for exemplary practices that would have broad applicability to a wide variety of EC programs within commonalities among the types of EC programs.

Evaluation Process

As stated, a connoisseurship evaluation model was chosen as the evaluation approach due to the varied nature of EC programming, the impact of context on the exemplary nature of practice, and the multitude of practice areas under consideration. Teams of EC professionals were actively involved across all evaluation phases. In fact, those applications and sites designated as finalists underwent a paper or site review by no fewer than eight EC professionals during the evaluation process.

A comprehensive evaluation plan was designed by the authors at the request of Sandra Heinzel Crews, the Preschool Training Grant Coordinator at ISBE. This one-year study included five major phases:

- a) Phase 1 - peer nomination of reviewers and design and review of instruments;
- b) Phase 2 - application;
- c) Phase 3 - panel review of the applications and selection of semifinalists;
- d) Phase 4 - site review of semifinalists; and
- e) Phase 5 - final panel review and selection of finalists.

Phase 1: Peer nomination of reviewers and instrument design. In August of 1990, ISBE issued a memo to all EC professionals in the State, requesting nominations of individuals viewed as "experts" in the field of early education. Over 200 responses identified individuals in EC education and ECSE: administrators, personnel trainers at institutes of higher education, parents, service delivery practitioners, and supervisors. These nominees were associated with public, private, and community agencies throughout the state. This pool of professionals and parents was tapped for participation throughout all five phases of the evaluation study.

Several instruments were developed, reviewed, and piloted: the initial application, panel review forms, site review training packet, and the final review instrument. A group of nominated experts was asked to critique all instruments and to comment upon the proposed design.

Phase 2: Application. The application packet (Appendix A) was designed during the summer of 1990. A draft was reviewed by nominated experts and revised based on their input. The application included seven main sections. First, an overall description of the search was

provided including purposes, a general definition of exemplary practice, specification and definition of each of the seven practice areas, evaluation questions, and responsibilities of the finalists. The second section requested demographic information from each applicant such as contact names and addresses, target population, funding source(s), service location, and number of children served. At this point, the applicant was requested to identify the practice area nominated, it being clearly indicated that individuals or service delivery programs could submit applications in more than one practice area; however, only one application per practice area per applicant would be considered.

The remaining five sections of the application asked the applicant to provide information for each of the five evaluative dimensions: (a) *program description*; (b) *description of the practice*; (c) *personnel involvement*; (d) *evidence of effectiveness*; and (e) *transportability*. Finally, each applicant was asked to provide an authorized signature on the completed application by an administrator or school superintendent, thereby indicating support by the administration as well as informing them of the evaluation process.

In September, 1990, nearly 5,000 applications were sent to public and private programs throughout the state to solicit nominations of exemplary practices in the eight categories. Addressees included public and private service providers, administrators, and practitioners providing direct services. (See Table 2.) Potential applicants were notified that they might submit an application, due to ISBE by the end of October, 1990. Over 115 programs were represented among the applicants on an individual or co-author basis. The largest source of applications submitted were from state-funded prekindergarten at-risk ($N = 49$) and ECSE programs ($N = 36$). (See Table 3.) The total number of individual applications received was 93, with the greatest number of nominations submitted in the categories of program design ($N = 27$) and family involvement ($N = 21$) with the smallest number in administration ($N=6$), other ($N=3$), and cultural promotion ($N=2$). (See Table 4.) The applications ranged in length from five to thirty pages. Applicants provided a wide variety of information such as videotapes, evaluation reports, copies of curricula, and parent testimony to describe their practice and to provide illustration of its exemplary nature.

Phase 3: Panel review and selection of the semifinalists. In November of 1990, a two-day review session was held in Springfield, Illinois. Fifteen EC and ECSE professionals in five three-member panels reviewed the 93 applications. Each panel read between 17 to 21 proposals in one to three practice areas. Proposals were rated by individual panel members who assigned points from the following maximum distribution: program description (5 points); description of practice

(40 points); personnel involvement (15 points); evidence of effectiveness (20 points); and transportability (20 points) for a total possible score of 100 points. (A copy of the evaluation form used for the ratings is included in Appendix B.)

Following the individuals' reviews, each three-person panel met to discuss their individual ratings and to reach a consensus score. Each panel score was then standardized onto a z-score scale to neutralize different scoring tendencies by panels (i.e., so no applicant would be penalized because its reviewing panel tended to score lower than other panels). Each panel was also asked to make a global recommendation of whether the practice was exemplary or not. These recommendations were used to set a cut-off score for identification of exemplary practices. By applying a cut-off score of $z = 1.0$, nineteen applicants were identified as semi-finalists. The largest number of semi-finalists were chosen in the area of program design ($N = 6$), followed by family involvement ($N = 5$), service delivery ($N = 2$), integrated setting ($N = 1$), and staffing patterns ($N = 3$). Two practices were selected in the "other" category; no practices were selected under administration or cultural promotion. (See Table 4.) All applicants were contacted and thanked for their participation in the project and the semi-finalists moved into phase four of the evaluation study.

Phase 4: Site review process. A unique aspect of this evaluation study was the inclusion of an on-site review phase. The purpose of the on-site review was not only to confirm and clarify the information presented in the initial application, but to provide additional supporting evidence regarding the exemplary nature of the practice. Acknowledging that each practice and program might have unique aspects and circumstances, no rigid protocol for site review was presented. Instead, teams of two reviewers were called upon to interview, observe, review documents, and to present findings in a narrative site visit report. The specific content and nature of data collection activities were specific to each site, determined by the site visitors in collaboration with the program staff. (See Appendix C for the site review protocol, agenda, and report form.)

A three-step process characterized the site visits. First, in January 1991, nineteen nominated experts, parents and professionals, were contacted to participate in a one-day site review training. Training for these site reviewers included an orientation to the evaluation, an overview of basic qualitative evaluation methods, a review of the applications, and instructions on how to set up a site visit and how to write the final report. Each site was visited for one day by a panel of two team members. The panel members were selected to represent different professional backgrounds and experience. Panels were assigned to review programs in geographic regions

outside their own. No panel member reviewed a program with which he or she had any personal or professional association.

Site reviewers were responsible for contacting their sites and negotiating an agenda that would provide opportunities for collecting data relevant to the guiding questions. Typical activities might include interviews with the program administrator, teachers, selected staff members, and consumers; observation of the practice; discussion with parents; and review of documents.

Within five days of the completion of the site review, the panel was asked to submit a written site report. Four questions guided the site visit and the final report:

1. To what extent did the site visit confirm information presented in the initial application? What clarifications were made?
2. What additional information can now be provided to support or refute the exemplary nature of this practice?
3. What can be cited as evidence that this practice is effective? In your best judgment, how will this practice work in other areas? What factors are necessary to insure its success? What are the barriers to implementation of this practice?
4. What are your overall impressions of the practice?

These reports were submitted in late February 1991 and a follow-up debriefing with each reviewer was conducted by phone prior to the final phase.

Phase 5 - Final panel review and selection. Another panel of reviewers was convened in early March 1991 to review the application materials and the site visit reports and to select the finalists.

III. Evaluation Results

Nine programs were selected as finalists in the "Search for Exemplary Practices in Early Childhood Education." (See Table 4.) These finalists represented four practice areas: staffing patterns, service delivery, family involvement, and program design. No finalists were selected in the areas of integrated settings, administration, cultural promotion, and the other category.

Finalists selected for recognition as exemplary practices were awarded small grants to help them share information as models with others interested in adopting these practices. Upon selection, their first activity was to provide a brief description of the practice for a resource

directory tentatively entitled, "Exemplary Practices in Early Childhood Education." Finalists were also asked to disseminate materials about the exemplary practice; to conduct training sessions on their exemplary practices at a statewide conference; and, depending upon funds available, to provide technical assistance to interested parties.

IV. Conclusions

Comments on the Evaluation Approach

The decision to use professional review to identify exemplary practice rather than *a priori* standards or criteria suited the absence of commonly shared philosophies, resources, experiences, and standards. The high level of professional and parental input and interaction surrounding this evaluation may have moved the state closer to an understanding of the commonalities that exist in programs for young children across ability groupings, service providers, and geographic areas. While the use of *a priori* standards in this evaluation might have been easier to implement and less labor-intensive, the absence of common agreement about standards might have alienated some potential applicants. The use of professional judgment seemed to give programs ample opportunity to convey their philosophies and evidence of effectiveness through the use of self-nomination and on-site visits.

Because the evaluation provided the opportunity for a large group of experts from different professional and personal experiences to become familiar with EC services and new practices and programs throughout the state, a recommended next step might be to reconvene expert participants for a one- or two-day work group, for the purpose of developing a set of general indicators or standards of best practice for EC. Secondly, a large group of influential experts within the state has begun to develop a network that cuts across service providers, regions of the state, and types of students served.

There has been another unanticipated outcome attributable to the evaluation approach used here. The use of content experts in the planning, design, and conduct of the evaluation helped to build credibility and ownership in what could have been a highly competitive and political situation. The evaluation client, reports few complaints to her office regarding the outcomes of the evaluation project.

The inclusion of several layers of expert review on all instruments and design options, the additional time needed to train site visitors in qualitative methods and reporting, the massive amount of paper documentation that accrued for each project by the end of the evaluation process, and the hours of phone calls required to coordinate busy peoples' schedules and to arrange for site visits and training and review sessions all mitigate against the use of this approach when time, money, and personnel resources are not available.

Comments on the Use of Case Study Methodology

Initially, there was some apprehension among the evaluators and the evaluation client concerning novice evaluators' use of case study or qualitative methodology. While some experts had had experience with site review, most of that experience involved compliance monitoring and formalized reporting using checklists. It was a pleasant surprise to discover that with training, experts could produce high quality case study reports. In the debriefing, virtually all site reviewers said that the experience was worthwhile and provided them with additional information that supported or refuted the exemplary nature of the practices. Some said that they wanted to use case studies in their own future work. The case study information was critical in the selection of finalists. Case study information will also be used in the resource directory that will be made available to persons interested in implementing practices in other areas.

All experts selected for site review (including parents) knew of the interpersonal, travel, writing, and time demands before agreeing to participate. Several people declined participation because of these demands. If it is critical to have particular stakeholder groups, such as parents, participate in the evaluation and if it is likely that these demands preclude their participation, modifications may be possible. For example, instead of requiring the submission of a written report, site reviewers may choose to make an audiotape of their report. If parents or others feel uncomfortable interviewing professionals, they may be given input into the development of an interview protocol and then asked to respond to transcripts or tapes of the interviews after they have been completed.

Comments on the Importance of the Evaluation to the State

It is too early to judge the impact of the evaluation within the state. To date, evaluation results have not been disseminated widely. Only ISBE personnel, including the evaluation client and the finalists are aware of the final outcome of the year-long activity. Even at this early stage, however, there have been some interpretations given to the findings and some decisions made.

It is generally agreed that the types of practices selected can be used as a profile of the development of early childhood in Illinois. Most local activity seems to be concentrated in the practice areas of service delivery, staffing, program design and family involvement, the areas receiving the most applicants, semi-finalists, and finalists. This pattern is not surprising as (1) family involvement has been heavily mandated at both federal and state levels; and (2) many programs are quite new, hence program design may account for a large amount of exemplary. Interestingly, two semi-finalists were selected from the other category, suggesting growth in areas not specified by research or policy. Certainly these practices warrant further study.

The evaluation also revealed that good things were happening throughout the state, even in locales challenged by large catchment areas and limited availability of professionals and services. This finding was welcomed with the hope that replication of exemplary practices will be possible in all parts of the state.

Without a doubt, the evaluation dimension that most of the applicants had difficult responding to was the sections asking for evidence of effectiveness. It became clear that local programs did not have access to data concerning the effectiveness of their programs. Possible reasons for this were suggested. It may be that, faced with the need to provide services and to be in compliance with state law, newly developing programs "implement now and evaluate later" instead of incorporating evaluation into program planning and implementation. One problem with the "implement now and evaluate later" strategy is that practices do not have evidence of effectiveness readily available during program development and implementation. It is also possible that local program personnel lack the skills, resources, and encouragement to evaluate their practices. One possible action that the state could take is to provide training and small grant funding to support evaluation in developing programs.

It is too soon to judge how well the practices identified as finalists will serve as models but their impact will be monitored by ISBE. Dissemination began at the first statewide conference on

early childhood in mid-April of 1991 when finalists were announced and asked to make presentations about their selected practices.

Implications of the Evaluation for Other States and Content Areas

Overall the evaluation approach used in this study seems to be good way to assess exemplary practices in a developing field. Expert involvement and consensus building increases ownership and commitment to the evaluation as well as identifying a substantial group of experts who may be used to describe practice and develop standards in subsequent activities. The inclusion of site visits and case study methodology adds time and money but produces the benefit of increased validity of the study.

Table 1

Practice areas and definitions.

1. Administration: Managerial and leadership that supports and guides the early childhood program.
2. Cultural Promotion: Emphasis and sensitivity to a child's cultural and linguistic variations.
3. Family-centered: Active, individualized participation by parents and family members in their child's education.
4. Integrated Settings/
Alternative Service
Delivery Settings: Settings that integrate children with disabilities and normally developing peers in typical and/or unique settings.
5. Program Design: A clearly articulated philosophy, well defined theoretical orientation about development and learning in young children, and goals and objectives that are designed for the program, children, and families. Strong linkages exist between philosophy, theoretical orientation, and goals and objectives in designing a comprehensive early childhood program.
6. Service Delivery: Selected strategies and processes are used to support the specific service delivery approach(es) utilized (e.g., assessment, intervention, evaluation, transition, family support, community education, among others).
7. Staffing Patterns and
Staff Development: Qualified professionals providing services in a collaborative, coordinated delivery system.
8. Other

Table 2

Distribution sources for application materials.

Source	N
Head Start	82
Prekindergarten At Risk	250
Community day care/preschool	1,422
R*TAS mailing list (inservice training for ECSE)	2,221
District superintendents	872
Directors of special education	112
TOTAL	4,959

Table 3

Breakdown of applications received.

Source	N
State funded Pre-K at risk	49
Early Childhood Special Education	36
Head Start	9
Other private/community	20
Total	115*

*The total number on this table exceeds the number of applications received by practice area (N=93) due to a number of applications submitted jointly by two or more programs.

Table 4

Breakdown by practice area.

Practice Area	Number of Applicants	Number of Semifinalists	Finalists
Program Design	27	6	2
Family Involvement	21	5	3
Service Delivery	18	2	2
Integrated Settings	8	1	0
Staffing Patterns	8	3	2
Administration	6	0	0
Other	3	2	0
Cultural Promotion	2	0	0
Total	93	19	9

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